

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	VACCINE AND METHOD FOR TREATMENT OF NEURODEGENERATIVE DISEASES EIS-SCHWARTZ32A
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity

Given Name:: Michal
Middle Name::
Family Name:: EISEN BACH-SCHWARTZ
Name Suffix::
City of Residence:: Rehovot
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 5 Rupin Street
City of Mailing Address:: Rehovot
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 76353
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Ester
Middle Name::
Family Name:: YOLES
Name Suffix::
City of Residence:: Moshav Beit Gambliel
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 94 D.N. Nahal Soreq
City of Mailing Address:: Moshav Beit Gamliel
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 76880
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Oleg
Middle Name::
Family Name:: BUTOVSKY

Name Suffix::
City of Residence:: Beer Sheva
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 28/25 Mivtza Asfa Street
City of Mailing Address:: Beer Sheva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 84496
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Jonathan
Middle Name::
Family Name:: KIPNIS
Name Suffix::
City of Residence:: Modiin
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 3/1 Nahar Hayarden Street
City of Mailing Address:: Modiin
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 71700

Correspondence Information
Correspondence Customer Number:: 001444

Representative Information
Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
PCT/IL04/001037	Appln claiming benefit of 35 USC 119(e)	PCT/IL04/001037	11-11-04
		60/518,627	11-12-03

PCT/IL04/001037 Appln claiming benefit of 35 USC 119(e)

60/610,966

09-20-04

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Assignment Information

Assignee Name::

Yeda Research and Development Co. Ltd.
at the Weizmann Institute of Science, P.O.
Box 95

Street of Mailing Address::

City of Mailing Address::